

# Rhode Island Department of Education

## Supplemental Educational Services 2011-2012 Service Summary Information

*This table provides a brief synopsis of the provider's proposed program, adapted from Basic Program Information completed by the provider as part of its 2011-2012 Rhode Island SES application.*

<b>1. Program Name</b>	<b>Highlander Dunn Institute</b>
<b>2. Provider Contact Information</b>	Name: <b>Patricia Lisi</b> Address: <b>2 Regency Plaza Suite 1</b> City: <b>Providence</b> State: <b>R.I.</b> Zip: <b>02903</b> Phone: <b>401-473-9819 or 401-831-7323</b> Fax: <b>401-831-7327</b> E-mail: <b>pidalisi@yahoo.com</b> Website: <b>www.highlandercharter.org</b> Hours of Operation: <b>8:30a.m.-4:30p.m. Monday-Friday</b>
<b>3. Subject Areas Covered</b>	<p><i>Please list all core academic subject areas addressed in working with students, with a minimum of reading/language arts and/or mathematics.</i></p> <p> <input checked="" type="checkbox"/> Reading  <input checked="" type="checkbox"/> Writing  <input type="checkbox"/> English language proficiency  <input checked="" type="checkbox"/> Mathematics  <input type="checkbox"/> Science  <input type="checkbox"/> Other: _____         </p> <p><i>Provide the title(s) of the specific curricula used by the program.</i>  <b>SPIRE-Specialized Program Individualizing Reading Excellence; Spectrum Reading; Spectrum Math</b></p>
<b>4. Program Description</b>	<p><i>Provide a brief (3 sentences maximum) description of the program offerings that parents could use in their initial search for providers.</i></p> <p><b>Our program addresses the needs of children in grades K-12 in reading and math. Instruction is delivered in small groups of 4 -5 students and designed to meet each student's needs to help him/her be successful in the classroom. Our highly specialized teachers utilize multi-sensory strategies and encourage a fun-learning environment.</b></p> <p><i>Please also indicate which keywords best match the program offerings:</i></p> <p> <input checked="" type="checkbox"/> Individual tutoring  <input checked="" type="checkbox"/> Small group interaction  <input type="checkbox"/> Computer Assisted Tutorial  <input type="checkbox"/> Distance Learning via Technology         </p>
<b>5. Grade Levels Able to Serve in 2011-2012</b>	<p><i>Please list the grade levels to be served in the 2011-2012 academic year which for purposes of SES is September 1, 2011 until August 31, 2012.</i></p> <p><b>K-12</b></p>

<b>6. Location of Service</b>	<p><i>Check the location(s) that best describes where services are delivered to students.</i></p> <p> <input checked="" type="checkbox"/> School  <input type="checkbox"/> Business  <input type="checkbox"/> Place of religious worship (e.g., church, synagogue, mosque, temple)  <input checked="" type="checkbox"/> Community center  <input type="checkbox"/> On-line  <input type="checkbox"/> Other: _____ </p>
<b>7. Transportation</b>	<p><i>If service delivery is not at the student's school, is transportation provided? If yes, is there a separate fee?</i></p> <p><b>Transportation will be provided for Saturday programs There is no extra charge for this service.</b></p> <p><i>Provide information about accessibility to public transportation from the site.</i></p> <p><b>Not Applicable</b></p>
<b>8. Service Area</b>	<p><i>Please indicate the LEA(s) in which the program is able to provide services for the 2011-2012 school year. See <a href="http://www.eride.ri.gov/reportcard/11/Default.asp">http://www.eride.ri.gov/reportcard/11/Default.asp</a> for further information regarding Title I schools in need of improvement in 2011-2012.</i></p> <p> <input checked="" type="checkbox"/> Central Falls School District  <input checked="" type="checkbox"/> Pawtucket School District  <input checked="" type="checkbox"/> Providence School District  <input checked="" type="checkbox"/> Metropolitan Regional Career and Technical Center  <input checked="" type="checkbox"/> Rhode Island School for the Deaf </p>
<b>9. Time of Service</b>	<p><i>Check the time(s) that best describe when services are delivered to students.</i></p> <p> <input checked="" type="checkbox"/> Before school  <input checked="" type="checkbox"/> After school  <input checked="" type="checkbox"/> Weekends  <input checked="" type="checkbox"/> Summer  <input type="checkbox"/> Other: _____ </p>
<b>10. Duration of Services</b>	<p><i>How often are services provided?</i></p> <p><b>School Year</b>  Length per session (in minutes): <b><u>90-120 min</u></b>  Number of sessions per week: <b><u>2</u></b></p> <p><b>Summer</b>  Length per session (in minutes): <b><u>180 min</u></b>  Total number of sessions: <b><u>10 sessions</u></b></p>
<b>11. Type of certification of instructors</b>	<p><i>List the type(s) of certification, if any, of instructors who will provide tutorial services in the program.</i></p> <p><b>Elementary; Secondary; Middle School Endorsement; ELL; Reading; Math; Special Education</b></p>

<b>12. Student/ Instructor Ratio</b>	<p>List the ratio of instructors to children in the program.</p> <p>Students for every 1 instructor: <u>1-5</u></p>																						
<b>13. Group Size</b>	<p>What is the expected average group size of students? <u>3</u></p> <p>What is the largest group size of students? <u>6</u></p> <p>What is the smallest group size of students? <u>1</u></p>																						
<b>14. Specific Student Populations Served</b>	<p>If the organization has expertise to provide Supplemental Educational Services to any of the following groups, please check the corresponding box(es). Include detailed information in the application narrative and program section.</p> <p><input checked="" type="checkbox"/> Low-income students</p> <p><input checked="" type="checkbox"/> Minority students</p> <p><input type="checkbox"/> Migrant students</p> <p><input checked="" type="checkbox"/> Limited English proficient students</p> <p style="padding-left: 40px;">If selected, indicate the particular language(s):</p> <p style="padding-left: 40px;"><b><u>Spanish</u></b></p> <p><input checked="" type="checkbox"/> Students with disabilities</p> <p style="padding-left: 40px;">If selected, indicate the particular disabilities in the table below. Please provide the qualifications and/or experience that program staff have working with students with each disability indicated in the space provided. For definitions, see the Rhode Island special education regulations (<a href="http://www.ride.ri.gov/Special_Populations/State_federal_regulations/">www.ride.ri.gov/Special_Populations/State_federal_regulations/</a>).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> autism spectrum disorder</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> deaf-blindness</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> deafness</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> emotional disturbance</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> Special Education/Behaviorally Disordered</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> hearing impairment</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> intellectual disability</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> Special Education</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> orthopedic impairment</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> specific learning disability: Language/Reading Disabilities</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> Special Education; Reading Specialists</td> </tr> <tr> <td style="padding: 2px;"><input checked="" type="checkbox"/> speech or language impairment</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i> Speech Pathologist</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> traumatic brain injury</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> visual impairment including blindness</td> <td style="padding: 2px;"><i>Tutor Qualifications/Experience:</i></td> </tr> </table>	<input type="checkbox"/> autism spectrum disorder	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> deaf-blindness	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> deafness	<i>Tutor Qualifications/Experience:</i>	<input checked="" type="checkbox"/> emotional disturbance	<i>Tutor Qualifications/Experience:</i> Special Education/Behaviorally Disordered	<input type="checkbox"/> hearing impairment	<i>Tutor Qualifications/Experience:</i>	<input checked="" type="checkbox"/> intellectual disability	<i>Tutor Qualifications/Experience:</i> Special Education	<input type="checkbox"/> orthopedic impairment	<i>Tutor Qualifications/Experience:</i>	<input checked="" type="checkbox"/> specific learning disability: Language/Reading Disabilities	<i>Tutor Qualifications/Experience:</i> Special Education; Reading Specialists	<input checked="" type="checkbox"/> speech or language impairment	<i>Tutor Qualifications/Experience:</i> Speech Pathologist	<input type="checkbox"/> traumatic brain injury	<i>Tutor Qualifications/Experience:</i>	<input type="checkbox"/> visual impairment including blindness	<i>Tutor Qualifications/Experience:</i>
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<b>15. Coordination</b>	<p><i>Provide a brief description of the ways the program will coordinate and collaborate with the child's classroom teacher so as to provide the highest levels of academic congruence. This description should include any specific coordination on behalf of students with Individualized Education Programs (IEPs) and students with Personal Literacy Plans (PLPs), if applicable.</i></p> <p><b>We assume all of our students will have a PLP and/or IEP. We expect to use these documents as a guide and focus on the goals that have been written for each child. There will be written and/or oral communication on a regular basis with each child child's family and classroom teacher.</b></p>		
<b>16. Student Assessment and Parent/School Communication</b>	<p><i>How will student achievement be measured, how often and with what assessment instrument(s)? Please indicate the form, format and frequency of communication about student need and student progress with the school district, classroom teacher, and the parent/guardian and student.</i></p> <p><b>CORE Kindergarten Assessment; Stanford Diagnostic Reading or Math Test; Fuchs and Fuchs Basic Math Concepts and Application and Computation Probes from Pro-Ed Publishers. Standardized Tests will be administered at the beginning and end of the program. A variety of informal measures will be administered periodically throughout the program to assess students' mastery of concepts.</b></p>		